



4191-02-U

SOCIAL SECURITY ADMINISTRATION

[Docket No: SSA-2018-0020]

Agency Information Collection Activities: Proposed Request and Comment Request

The Social Security Administration (SSA) publishes a list of information collection packages requiring clearance by the Office of Management and Budget (OMB) in compliance with Public Law 104-13, the Paperwork Reduction Act of 1995, effective October 1, 1995. This notice includes extensions and revisions of OMB-approved information collections.

SSA is soliciting comments on the accuracy of the agency's burden estimate; the need for the information; its practical utility; ways to enhance its quality, utility, and clarity; and ways to minimize burden on respondents, including the use of automated collection techniques or other forms of information technology. Mail, email, or fax your comments and recommendations on the information collection(s) to the OMB Desk Officer and SSA Reports Clearance Officer at the following addresses or fax numbers.

(OMB)

Office of Management and Budget

Attn: Desk Officer for SSA

Fax: 202-395-6974

Email address: OIRA_Submission@omb.eop.gov

(SSA)

Social Security Administration, OLCA

Attn: Reports Clearance Director

3100 West High Rise

6401 Security Blvd.

Baltimore, MD 21235

Fax: 410-966-2830

Email address: OR.Reports.Clearance@ssa.gov

Or you may submit your comments online through www.regulations.gov,
referencing Docket ID Number [SSA-2018-0020].

- I.** The information collections below are pending at SSA. SSA will submit them to OMB within 60 days from the date of this notice. To be sure we consider your comments, we must receive them no later than **[INSERT DATE 60 DAYS AFTER DATE OF PUBLICATION IN THE FEDERAL REGISTER]**. Individuals can obtain copies of the collection instruments by writing to the above email address.

- 1. Statement of Employer -- 20 CFR 404.801-404.803 -- 0960-0030.** When workers report they were paid wages but cannot provide proof of those earnings, and the wages do not appear in SSA's records of earnings, SSA uses Form SSA-7011-F4 to document the alleged wages. Specifically, the agency uses the form to resolve discrepancies in the individual's Social Security earnings record and to process claims for Social Security benefits. We only send Form SSA-7011-F4 to employers if we are unable able to

locate the earnings information within our own records. The respondents are employers who can verify wage allegations made by wage earners.

Type of Request: Revision of an OMB-approved information collection.

Modality of Completion	Number of Respondents	Frequency of Response	Average Burden per Response (minutes)	Estimated Total Annual Burden (hours)
SSA-7011-F4	500	1	20	167

2. Request for Waiver of Overpayment Recovery and Request for

Change in Overpayment Recovery Rate -- 20 CFR 404.502, 20 CFR

404.506-404.512, 20 CFR 416.550-416.558, and 416.570-416.571 --

0960-0037. When Social Security beneficiaries and Supplemental Security

Income (SSI) recipients receive an overpayment, they must return the extra

money. These beneficiaries and recipients can use Form SSA-632-BK to

request a waiver from repaying their overpayment. Beneficiaries and

recipients can also use Form SSA-634 to request a change to the monthly

recovery rate of their overpayment. The respondents must provide

financial information to help the agency determine how much the overpaid

person can afford to repay each month. Respondents are overpaid Social

Security beneficiaries or SSI recipients who are requesting: (1) a waiver of

recovery of an overpayment, or (2) a lesser rate of withholding,

Type of Request: Revision of an OMB-approved information collection.

Modality of Completion	Number of Respondents	Frequency of Response	Average Burden per Response (minutes)	Estimated Total Annual Burden
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				(hours)
SSA-632 - Waiver of Overpayment (If completing entire paper form, including the AFI authorization)	400,000	1	120	800,000
Regional Application (New York Debt Management)	30,000	1	120	60,000
Internet Instructions	430,000	1	5	35,833
SSA-634 - Requesting change in repayment rate (completing paper form)	100,000	1	45	75,000
Internet Instructions	100,000	1	5	8,333
Totals	1,060,000			979,166

3. Statement of Claimant or Other Person -- 20 CFR 404.702 & 416.570 --

0960-0045. SSA uses Form SSA-795 in special situations where there is no authorized form or questionnaire, yet we require a signed statement from the applicant, claimant, or other individuals who have knowledge of facts, in connection with claims for Social Security benefits or SSI. The information we request on the SSA-795 is of sufficient importance that we need both a signed statement and a penalty clause. SSA uses this information to process, in addition to claims for benefits, issues about continuing eligibility; ongoing benefit amounts; use of funds by a representative payee; fraud investigation; and a myriad of other

program-related matters. The most common respondents are applicants for Social Security, SSI, or recipients of these programs. However, respondents also include friends and relatives of the involved parties, coworkers, neighbors, or anyone else in a position to provide information pertinent to the issue(s).

Type of Request: Revision of an OMB-approved information collection.

Modality of Completion	Number of Respondents	Frequency of Response	Average Burden per Response (minutes)	Estimated Total Annual Burden (hours)
SSA-795	305,500	1	15	76,375

4. Application for a Social Security Number Card, the Social Security Number Application Process (SSNAP), and Internet SSN Replacement Card (iSSNRC) Application -- 20 CFR 422.103 - 422.110 -- 0960-0066.

SSA collects information on the SS-5 (used in the United States) and SS-5-FS (used outside the United States) to issue original or replacement Social Security cards. SSA also enters the application data into the SSNAP application when issuing a card via telephone or in person. In addition, hospitals collect the same information on SSA's behalf for newborn children through the Enumeration-at-Birth process. In this process, parents of newborns provide hospital birth registration clerks with information required to register these newborns. Hospitals send this information to State Bureaus of Vital Statistics (BVS), and they send the information to SSA's National Computer Center. SSA then uploads the data to the SSA

mainframe along with all other enumeration data, and we assign the newborn a Social Security number (SSN) and issue a Social Security card. Respondents can also use these modalities to request a change in their SSN records. Finally, the iSSNRC Internet application collects information similar to the paper SS-5 for no-change replacement SSN cards for adult U.S. citizens. The iSSNRC modality allows certain applicants for an SSN replacement cards to complete the Internet application and submit the required evidence online rather than completing a paper Form SS-5. The respondents for this collection are applicants for original and replacement Social Security cards, or individuals who wish to change information in their SSN records, who use any of the modalities described above.

Type of Request: Revision of an OMB-approved information collection.

Application Scenario	Number of Respondents	Frequency of Response	Average Burden per Response (minutes)	Estimated Total Annual Burden (hours)
Respondents who do not have to provide parents' SSNs	10,500,000	1	8.5	1,487,500
*Adult U.S. Citizens requesting a replacement card with no changes through new iSSNRC modality	1,500,000	1	5	125,000
Respondents whom we ask to provide parents' SSNs (when applying for	400,000	1	9	60,000

original SSN cards for children under age 18)				
Applicants age 12 or older who need to answer additional questions so SSA can determine whether we previously assigned an SSN	1,500,000	1	9.5	237,500
Applicants asking for a replacement SSN card beyond the new allowable limits (i.e., who must provide additional documentation to accompany the application)	900	1	60	900
Authorization to SSA to obtain personal information cover letter	500	1	15	125
Authorization to SSA to obtain personal information follow-up cover letter	500	1	15	125
Totals	13,901,900			1,911,150

5. Statement of Care and Responsibility for Beneficiary -- 20 CFR

404.2020, 404.2025, 408.620, 408.625, 416.620, & 416.625 -- 0960-0109.

SSA uses the information from Form SSA-788 to verify payee applicants' statements of concern, and to identify other potential payees. SSA is

concerned with selecting the most qualified representative payee who will use Social Security benefits in the beneficiary's best interest. SSA considers factors such as the payee applicant's capacity to perform payee duties; awareness of the beneficiary's situation and needs; demonstration of past, and current concern for the beneficiary's well-being; etc. in making that determination. If the payee applicant does not have custody of the beneficiary, SSA will obtain information from the custodian for evaluation against the information the applicant provides. Respondents are individuals who have custody of the beneficiary in cases where someone else filed to be the beneficiary's representative payee.

Type of Request: Revision of an OMB-approved information collection.

Modality of Completion	Number of Respondents	Frequency of Response	Average Burden per Response (minutes)	Estimated Total Annual Burden (hours)
SSA-788	130,000	1	10	21,667

6. Certificate of Election for Reduced Spouse's Benefits -- 20 CFR

404.421 -- 0960-0398. SSA cannot pay reduced Social Security benefits to an already entitled spouse unless the spouse elects to receive reduced benefits and is (1) at least age 62, but under full retirement age; and (2) no longer is caring for a child. In this situation, spouses who decide to elect reduced benefits must file Form SSA-25, Certificate of Election for Reduced Spouse's Benefits. SSA uses the information to pay qualified

spouses who elect to receive reduced benefits. Respondents are entitled spouses seeking reduced Social Security benefits.

Type of Request: Revision of an OMB approved information collection.

Modality of Completion	Number of Respondents	Frequency of Response	Average Burden per Response (minutes)	Estimated Total Annual Burden (hours)
SSA-25	30,000	1	2	1,000

7. Coverage of Employees of State and Local Governments -- 20 CFR

404, Subpart M -- 0960-0425. The Code of Federal Regulations (CFR) at 20 CFR 404, Subpart M, prescribes the rules for States submitting reports of deposits and recordkeeping to SSA. SSA requires States (and interstate instrumentalities) to provide wage and deposit contribution information for pre-1987 periods. Not all states have completely satisfied their pending wage report and contribution liability with SSA for pre-1987 tax years. SSA needs these regulations: (1) until all pending items with all states are closed out, and (2) to provide for collection of this information in the future, if necessary. The respondents are State and local governments or interstate instrumentalities.

Type of Request: Extension of an OMB approved information collection.

CFR Citation	Number of Respondents	Frequency of Response	Average Burden Per Response (minutes)	Estimated Total Annual Burden (hours)
404.1204(a)&(b)	52	1	30	26
404.1215	52	1	60	52
404.1216(a)&(b)	52	1	60	52

Total	156			130
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8. Continuation of Supplemental Security Income Payments for the

Temporarily Institutionalized – Certification of Period and Need to

Maintain Home -- 20 CFR 416.212(b)(1) -- 0960-0516. When

Supplemental Security Income (SSI) recipients (1) enter a public institution, or (2) enter a private medical treatment facility with Medicaid paying more than 50 percent of expenses, SSA reduces recipients' SSI payments to a nominal sum. However, if this institutionalization is temporary (defined as a maximum of three months), SSA may waive the reduction. Before SSA can waive the SSI payment reduction, the agency must receive the following documentation: (1) a physician's certification stating the SSI recipient will only be institutionalized for a maximum of three months, and (2) certification from the recipient, the recipient's family, or friends, confirming the recipient needs SSI payments to maintain the living arrangements to which the individual will return post-institutionalization. To obtain this information, SSA employees contact the recipient (or a knowledgeable source) to collect the required physician's certification and the statement of need. SSA does not require any specific format for these items, so long as we obtain the necessary attestations. The respondents are SSI recipients, their family or friends, as well as physicians or hospital staff members who treat the SSI recipient.

Type of Request: Extension of an OMB-approved information collection.

Modality of	Number of	Frequency	Average	Estimated
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Completion	Respondents	of Response	Burden per Response (minutes)	Total Annual Burden (hours)
Physician's Certifications and Statements from Other Respondents	60,000	1	5	5,000

9. Request for Internet Services and 800# Automated Telephone Services

Knowledge-Based Authentication (RISA-KBA) -- 20 CFR 401.45 --

0960-0596. The Request for Internet Services and 800# Automated Telephone Services (RISA) Knowledge-Based Authentication (KBA) is one of the authentication methods SSA uses to allow individuals access to their personal information through our Internet and Automated Telephone Services. SSA asks individuals and third parties who seek personal information from SSA records, or who register to participate in SSA's online business services, to provide certain identifying information. As an extra measure of protection, SSA asks requestors who use the Internet and telephone services to provide additional identifying information unique to those individuals so SSA can authenticate their identities before releasing personal information. The respondents are current beneficiaries who are requesting personal information from SSA, and individuals and third parties who are registering for SSA's online business services.

Type of Request: Revision of an OMB-approved information collection.

Modality of Completion	Number of Respondents	Frequency of Response	Average Burden per Response (minutes)	Estimated Total Annual Burden (hours)
Internet Requestors	2,903,902	1	2.5	120,996
Telephone Requestors	9,795,655	1	4	653,044
*Change of Address (on hold)	1			1
*Screen Splash (on hold)	1			1
Totals	12,699,559			774,042

*One-hour placeholder burdens; Screen Splash and Change of Address applications are on hold.

10. Representative Payment Policies Regulation -- 20 CFR 404.2011,

404.2025, 416.611, and 416.625 -- 0960-0679. Per 20 CFR 404.2011 and 20 CFR 416.611, if SSA determines it may cause substantial harm for Title II or Title XVI recipients to receive their payments directly, recipients may dispute that decision. To do so, recipients provide SSA with information the agency uses to reevaluate its determination. In addition, our regulations state that after SSA selects a representative payee to receive benefits on a recipient's behalf, the payees provide SSA with information on their continuing relationship and responsibility for the recipients, and explain how they use the recipients' payments. Sections 20 CFR 404.2025 and 20 CFR 416.625 provide a process to follow up with the representative payee to verify payee performance. The respondents are Title II and Title XVI recipients, and their representative payees.

Type of Request: Extension of an OMB-approved information collection.

CFR Citation	Number of Respondents	Frequency of Response	Average Burden Per Response (minutes)	Estimated Total Annual Burden (hours)
404.2011(a)(1); 416.611(a)(1)	250	1	15	63
404.2025; 416.625	3,000	1	6	300
Totals	3,250			363

11. Function Report Adult -- 20 CFR 404.1512 & 416.912 -- 0960-0681.

Individuals receiving or applying for Social Security disability insurance (SSDI) or SSI must provide medical evidence and other proof SSA requires to prove their disability. SSA staff, and, on our behalf, State Disability Determination Services' (DDS) employees, collect the information via paper Form SSA-3373-BK, or through an in-person or telephone interview for cases where we need information about a claimant's activities and abilities to evaluate the claimant's disability. We use the information to document how claimants' disabilities affect their ability to function, and to determine eligibility, or continued eligibility, for SSI and SSDI claims. The respondents are Title II and Title XVI applicants (or current recipients undergoing redeterminations) for disability payments.

Type of Request: Revision of an OMB-approved information collection.

Modality of Completion	Number of Respondents	Frequency of Response	Average Burden Per Response (minutes)	Estimated Total Annual Burden (hours)
SSA-3373-BK	1,734,635	1	61	1,763,546

12. Request for Business Entity Taxpayer Information -- 0960-0731. SSA

requires Law firms or other business entities to complete Form SSA-1694, Request for Business Entity Taxpayer Information, if they wish to serve as appointed representatives and receive direct payment of fees from SSA. SSA uses the information we receive to issue a Form 1099-MISC. SSA also uses the information to allow business entities to designate individuals to serve as entity administrators authorized to perform certain administrative duties on their behalf, such as providing bank account information; maintaining entity information; and updating individual affiliations. Respondents are law firms, or other business entities with attorneys or other qualified individuals as partners or employees, who represent claimants before SSA.

Type of Request: Revision of an OMB-approved information collection.

Modality of Completion	Number of Respondents	Frequency of Response	Average Burden Per Response (minutes)	Estimated Total Annual Burden (hours)
SSA-1694 - Paper Version	750	1	10	125
SSA-1694 - Business Services Online Submission	150	1	10	25
Totals	900			150

13. Request to Pay Civil Monetary by Installment Agreement --

20 CFR 498 -- 0960-0776. When SSA imposes a civil monetary penalty (CMP) on individuals for various fraudulent conduct related to

SSA-administrated programs, those individuals may request to pay the CMP through benefit withholding, or an installment agreement. To negotiate a monthly payment amount, fair to both the individual and the agency, SSA needs financial information from the individual. SSA uses Form SSA-640, Financial Disclosure for CMP Debt, to obtain the information necessary to determine a monthly installment repayment rate for individuals owing a CMP. The respondents are recipients of Social Security benefits and non-entitled individuals who must repay a CMP to the agency and choose to do so using an installment plan.

Type of Request: Revision of an OMB-approved information collection.

Modality of Completion	Number of Responses	Frequency of Response	Average Burden per Response (minutes)	Estimated Total Annual Burden (hours)
SSA-640	10	1	120	20

14. Authorization for the Social Security Administration to Obtain

Personal Information -- 20 CFR 404.704; 404.820 - 404.823; 404.1926; 416.203; and 418.3001 -- 0960-0801. SSA uses Form SSA-8510 to

contact a public or private custodian of records on behalf of an applicant or recipient of an SSA program to request evidence information, which may support a benefit application or payment continuation. We ask for evidence information such as the following:

- Age requirements (e.g. birth certificate, court documents)
- Insured status (e.g. earnings, employer verification)

- Marriage or divorce information
- Pension offsets
- Wages verification
- Annuities
- Property information
- Benefit verification from a State agency or third party
- Immigration status (rare instances)
- Income verification from public agencies or private individuals
- Unemployment benefits
- Insurance policies

If the custodian requires a signed authorization from the individual(s) whose information SSA requests, SSA may provide the custodian with a copy of the SSA-8510. Once the respondent completes the SSA-8510, either using the paper form, or using the Personal Information Authorization web page version, SSA uses the form as the authorization to obtain personal information regarding the respondent from third parties until the authorizing person (respondent) revokes the permission of its usage. The collection is voluntary; however, failure to verify the individuals' eligibility can prevent SSA from making an accurate and timely decision for their benefits. The respondents are individuals who may file for, or currently receive, Social Security benefits, SSI payments, or Medicare Part D subsidies.

Type of Request: Revision of an OMB-approved information collection.

Modality of Completion	Number of Respondents	Frequency of Response	Average Burden Per Response (minutes)	Estimated Annual Burden (hours)
Paper SSA-8510 for general evidence purposes	19,800	1	5	1650
Personal Information Authorization web page	140,145	1	5	11, 679
Totals	163,445			13,621

II. SSA submitted the information collections below to OMB for clearance.

Your comments regarding these information collections would be most useful if OMB and SSA receive them 30 days from the date of this publication. To be sure we consider your comments, we must receive them no later than **[INSERT DATE 30 DAYS AFTER DATE OF PUBLICATION IN THE FEDERAL REGISTER]**. Individuals can obtain copies of the OMB clearance packages by writing to OR.Reports.Clearance@ssa.gov.

- 1. Request for Reconsideration -- Disability Cessation -- 20 CFR 404.909, 416.1409 -- 0960-0349.** When SSA determines that claimants' disabilities medically improved; ceased; or are no longer sufficiently disabling, these claimants may ask SSA to reconsider that determination. SSA uses Form SSA-789-U4 to arrange for a hearing or to prepare a decision based on the evidence of record. Specifically, claimants or their representatives use Form SSA-789-U4 to: (1) ask SSA to reconsider a determination;

(2) indicate if they wish to appear at a disability hearing; (3) submit any additional information or evidence for use in the reconsidered determination; and (4) indicate if they will need an interpreter for the hearing. The respondents are disability claimants for Social Security benefits or SSI payments, or their representatives who wish to appeal an unfavorable disability cessation determination.

Type of Request: Revision of an OMB-approved information collection.

Modality of Completion	Number of Responses	Frequency of Response	Average Burden per Response (minutes)	Estimated Total Annual Burden (hours)
SSA-789-U4	30,000	1	13	6,500

2. Waiver of Right to Appear – Disability Hearing -- 20 CFR 404.913-404.914, 404.916(b)(5), 416.1413-416.1414, 416.1416(b)(5) -- 0960-0534.

Claimants for Social Security disability payments or their representatives can use Form SSA-773-U4 to waive their right to appear at a disability hearing. The disability hearing officer uses the signed form as a basis for not holding a hearing, and for preparing a written decision on the claimant's request for disability payments based solely on the evidence of record. The respondents are disability claimants for Social Security benefits or SSI payments, or their representatives, who wish to waive their right to appear at a disability hearing.

Type of Request: Revision of an OMB-approved information collection.

Modality of Completion	Number of Respondents	Frequency of Response	Average Burden per Response (minutes)	Estimated Total Annual Burden (hours)
SSA-773-U4	200	1	3	10

3. Social Security Number Verification Services -- 20 CFR 401.45 --

0960-0660. Internal Revenue Service regulations require employers to provide wage and tax data to SSA using Form W-2, or its electronic equivalent. As part of this process, the employer must furnish the employee's name and Social Security number (SSN). In addition, the employee's name and SSN must match SSA's records for SSA to post earnings to the employee's earnings record, which SSA maintains. SSA offers the Social Security Number Verification Service (SSNVS), which allows employers to verify the reported names and SSNs of their employees match those in SSA's records. SSNVS is a cost-free method for employers to verify employee information via the internet. The respondents are employers who need to verify SSN data using SSA's records.

Type of Request: Revision of an OMB-approved information collection.

Modality of Completion	Number of Respondents	Frequency of Response	Number of Responses	Average Burden Per Response (minutes)	Estimated Total Annual Burden (hours)
SSNVS	41,387	60	2,483,220	5	206,935

Dated: May 3, 2018.

Naomi R. Sipple,

Reports Clearance Officer,

Social

Security

Administration.

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